

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	62814	4/7/00
O.I.P.E. CLASSIFIER		48	4/13/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		69300	

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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11	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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Claim	Final	Original	Date
101	✓	✓	
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147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)